

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023620

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 83

FILED JUN 28 1963

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 6001

2 6008

3

4 0

5 3

6

7 0

8 2

9 332X

10

11

12 2-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Excelsior Springs

Length of stay in 1b

3 weeks

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Excelsior Spgs. Hosp.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Clay

Inside Limits

Yes ☒ No ☐c. CITY  
OR  
TOWN

Liberty

d. STREET  
ADDRESS

(If outside, give location)

103 Cedar

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

CHARLES

M.

BAXTER

4. DATE  
OF  
DEATH

Month

Day

Year

June

6

1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

1-1-1884

## 9. AGE (last birthday)

79

## IF UNDER 1 YEAR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

Self-employed

## 11. BIRTHPLACE (City and state or country)

Paradise, Clay Co., Mo., U.S.A.

## 12. CITIZEN OF WHAT COUNTRY

## 13a. FATHER'S NAME

Ben Baxter

## 13b. MOTHER'S MAIDEN NAME

Elizabeth Sharp

## 14. NAME OF HUSBAND OR WIFE

Hattie Mae Archer

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs. Ben Mills, 103 Cedar, Liberty, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cerebral Thrombosis

INTERVAL BETWEEN  
ONSET AND DEATH

3 wks

Conditions, if any,  
which gave rise to  
above cause (a),  
starting the under-  
lying cause. last.

## DUE TO (b)

Cerebral arterial sclerosis

unkn.

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Class IV C arterial sclerotic Heart Disease

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from May 28 '63 to June 6 '63 and last saw him live on June 6 '63  
Death occurred at 9:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Doris Bruggear M.D.

## 22b. ADDRESS

Excelsior Springs, Mo.

## 22c. DATE SIGNED

6/10/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

## 23b. DATE

June 8, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Fairview Cemetery

## 23d. LOCATION (City, town, or county)

Liberty

Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Pasley Funeral Home, Liberty, Mo.

## 25. DATE RECD. BY LOCAL REG.

6-6-63

## 26. REGISTRAR'S SIGNATURE

Caroline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

JUN 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John Parley*

Licensed Embalmer No.

4308

P. O. Address

*Liberty, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

*Permit issued 6/16/63 to N.*